

**Application Data Sheet**

**Application Information**

|                                  |   |
|----------------------------------|---|
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested Group Art Unit::       | 1624  |
| CD-ROM or CD-R?::                | None  |
| Sequence submission?::           | None  |
| Computer Readable Form (CRF)?::  | No  |
| Title::                          | PROCESS FOR PRODUCING ARSENIC<br>TRIOXIDE FORMULATIONS AND<br>METHODS FOR TREATING CANCER<br>USING ARSENIC TRIOXIDE OR<br>MELARSOPROL |
| Attorney Docket Number::         | CELLTH 3.0-003 CONT CONT XIII   |
| Request for Early Publication?:: | No  |
| Request for Non-Publication?::   | No  |
| Small Entity?::                  | Yes   |
| Petition included?::             | No  |
| Secrecy Order in Parent Appl.?:: | No  |

**Applicant Information**

|                                  |               |
|----------------------------------|---------------|
| Applicant Authority Type::       | Inventor      |
| Primary Citizenship Country::    | US            |
| Status::                         | Full Capacity |
| Given Name::                     | Raymond       |
| Middle Name::                    | P.            |
| Family Name::                    | Warrell       |
| Name Suffix::                    | Jr.           |
| City of Residence::              | Westfield     |
| State or Province of Residence:: | NJ            |
| Country of Residence::           | US            |

Street of mailing address:: 6 Kimball Circle  
City of mailing address:: Westfield  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07090

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Pier  
Middle Name:: Paolo  
Family Name:: Pandolfi  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 303 East 60th Street  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10022

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Janice  
Middle Name:: L.  
Family Name:: Gabrilove  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 25 East 86th Street  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10028

**Correspondence Information**

Correspondence Customer Number:: 000530

**Representative Information**

Representative Customer Number:: 000530

**Domestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | Continuation of   | 10/425,785           | 04/30/03             |
| 10/425,785       | Continuation of   | 09/189,965           | 11/10/98             |
| 09/189,965       | An application claiming the benefit under 35 USC 119(e) | 60/064,655           | 11/10/97             |

**Assignee Information**

Assignee name:: Memorial Sloan-Kettering Cancer Center  
Street of mailing address:: 1275 York Avenue  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10021